

Pre Authorization Enrollment Process

Avoid the Complications of Delayed Authorizations, Enroll now!

1. Please complete the below required information to start the enrollment process.
2. Physician Liaisons will work closely with your staff to target an effective date for participation.
3. Upon enrollment completion, you will be contacted by a member of the Department Of Radiology Pre Authorization | | r tg v g| A

To get started email the completed form to
NYUradiologygetauth@nyumc.org

Referring Physician Enrollment Information	
Epic Ser # if applicable	
Last Name	
First Name	
Suffix	
Specialty	
Street Address	
City, State , zip	
Phone #	
Fax #	
Email	
Tax ID #	
NPI #	
NPI #	
Office Contact	
Clinicals To Be Sent Via:	
Additional Comments:	

All fields except TAX ID and NPI # should be required fields when completing the form **